



VOLKSFRONT

Official Supporter Application

VOLKSFRONT
P.O. BOX 66731
PORTLAND, OREGON
UNITED STATES
97290

WWW.VOLKSFRONT.COM
MEMBERSHIP@VOLKSFRONT-USA.ORG

NAME: _____
ADDRESS: _____

PHONE NUMBER: _____
E-MAIL ADDRESS: _____
OCCUPATION: _____
AGE: _____ GENDER: _____

MILITARY SERVICE: YES _____ NO _____
IF YES, WHAT BRANCH AND TECHNICAL
TRAINING?: _____

OTHER ORGANIZATIONAL AFFILIATIONS:

SKILLS WHICH MAY BENEFIT VOLKSFRONT:

IF ASKED, ARE YOU WILLING TO BE A REGIONAL
VOLKSFRONT CONTACT? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?
YES _____ NO _____ IF YES, PLEASE LIST ALL:

RELIGIOUS AND POLITICAL CLASSIFICATION:

DO YOU HAVE A VOLKSFRONT SPONSOR?
IF YES, PLEASE GIVE THEIR MEMBERSHIP AND
NAME: _____ # _____

HIGHEST LEVEL OF SCHOOLING COMPLETED OR
ADDITIONAL EDUCATION:

I realize Volksfront, it's members, supporters
and officers in no way encourage, condone or pro-
mote illegal, violent or criminal activity. I will
never commit an illegal or violent act acting in my
role as part of Volksfront. I will not condone, elic-
it or promote violent or criminal activity to others
in my capacity as a Volksfront member.

SIGN: _____ DATE: _____

I attest that I am of Caucasian of European
decent without Jewish ancestry. I attest that I
have read and am in agreement with the principles
of Volksfront. I swear that I am not an agent,
employee, volunteer or officer of any local, state,
municipal, federal or international law enforce-
ment or intelligence agency or apparatus. I attest
under oath that I will attempt to follow the
Volksfront Constitution to the best of my ability
and act in a manner which is honorable to
Volksfront.

SIGN: _____ DATE: _____

-----OFFICE USE ONLY-----

APPROVED _____ DENIED _____

BY: _____ # _____

DATE: _____ OFFICE: _____

DEPARTMENT ASSIGNED: _____

DATE: _____ INITIATION: _____

MEMBERSHIP NUMBER ASSIGNED: _____

SECURITY CHECK REQUIRED? _____

SECURITY CHECK COMPLETED BY:

NAME: _____ # _____

NOTES: _____

